MENTAL HEALTH QUERI

VA

Quality Enhancement Research Initiative

Translating Initiatives for Depression into Effective Solutions

TIDES

TIDES Tools Available to Support MH/PC Collaboration and Care Management
[As of June 06]

Note: A single tool often addresses more than one goal.

Goals	Specific Approach	Tool Description
☐ **1. 0 Assist Decision-Makers Who Will Determine How the Program Will Be Implemented and provide ongoing support (quality improvement)**	1.1 Educate network, medical center and clinical leaders about the program	1.1 Down-loadable slide presentations
	1.2 Guide leaders through targeted goal-setting to identify program elements to be implemented and related staff responsibilities	1.2 Depression Intervention Design Panel Materials (TIDES).
	1.3 Identify program responsibilities and protocols	1.3.1 Charter signed off by medical center and practice leadership identifying specific responsibilities and protocols within the collaboration and/or care management program, including nursing, IT support, and other aspects (TIDES)

Goals	Specific Approach	Tool Description
	1.4 Continuously respond to new data and new issues through a research/clinical partnership	1.4 Collaboration Work Group involving primary care, mental health, nursing sets protocols (Mission and Methods) (TIDES).
☐ **2.0 Improve collaboration between primary care and mental health specialty**	2.1 Involve MHS and PC in structured planning	2.1 Depression Intervention Design Panel Materials
	2.2 Service Agreements between MHS and PC	2.2 Sample service agreements and threatened suicide protocols that support collaboration and/or care management programs
	2.3 Primary care-based assessment, education, triage, and care management link primary care clinicians, patients, and mental health specialists	2.3.1 Depression nurse care management follow-up tools and materials 2.3.2 Initial assessment and education tools and materials
	2.4 Mental Health Specialist supervision of assessment/care management	2.4 Protocols and work-load counting codes

Goals	Specific Approach	Tool Description
☐ **3.0 Improve primary care clinician attitudes, knowledge and skills related to mental health diagnosis and treatment**	3.1 MH, PC, and nursing project leaders carry out regular seminars and academic detailing.	3.1 Downloadable slide presentations, academic detailing materials, provider brochures, email tips (TIDES, BHL)
	3.2 Care manager or Health Tech (HT) feedback to and involvement/interaction with primary care clinicians based on protocols	3.2 Structured assessment and care management tools and materials and training tools and materials
☐ **4.0 Improve access to mental health specialty for appropriate patients**	4.1 Reduce no-shows and assessment only visits	4.1 Pre-mental health structured assessment and care management tools and materials
	4.2 Improve adherence among patients followed in mental health specialty	4.2. Protocols/education for ensuring successful mental health referral/ engagement, then d/c care management

Goals	Specific Approach	Tool Description
☐ **5.0 Improve appropriate education, assessment and triage of screen-positive or clinician-suspected depression in primary care**	5.1 Structured assessment in primary care by a nurse or other appropriately trained staff (e.g., mental health technologists, HTs) following a positive screen for or suspicion of a MH problem	5.1.1 Structured assessment support, including evaluation of MH comorbidities a) For patients screening positive for depression, using CPRS and algorithm-based advice, and RNs 5.1.2 In-person, V-tel, and/or WebEx –based training and training materials for structured assessment
	5.2 Education/activation of primary care patients following a positive screen for or suspicion of a MH problem	5.2 Patient education pamphlets, letters, activation tools

Goals	Specific Approach	Tool Description
☐ **6.0 Improve treatment completion and outcomes for patients diagnosed with major depression**	6.1 Care manager or HT follow-up of patients being followed in primary care.	6.1.1a Regular, guideline-based tracking of depression symptom severity in CPRS ▪ 2, 4, 8, 12, 16 wks 6.1.1b Regular, guideline-based tracking of depression symptom severity using web-based system [NetDCMS] (RIPPLE) ▪ Biweekly in acute stage, and monthly in continuation stage *Note: Care managers can follow about 100 – 150 patients per six months* 6.1.2 Antidepressant adherence and MHS referral support ▪ Active patient self-management and adherence support through care managers, including relapse prevention (TIDES); 6.1.3 Panel management ▪ Through CPRS appointment management ▪ Through card-based logging and tracking system 6.1.4 In-person, V-tel, and/or WebEx–based training and training materials for standardized severity measurement and panel management

Goals	Specific Approach	Tool Description
☐ **7.0 Improve care for OEF/OIF veterans**	7.1 No tools currently available	7.1 Disease management tools apply to all screened patients. Experts have connections to a variety of ongoing research projects aimed at finding ways to deal with the problems of, for example, engaging this group of veterans in care.